



**State or Province of Residence::** DE  
**Country of Residence::** US  
**Street of mailing address::** 2711 Centerville Road, Suite 400  
**City of mailing address::** Wilmington  
**State or Province of mailing address::** DE  
**Postal or Zip Code of mailing address::** 19808

#### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	22428	
---	-------	--

#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/GB2004/004279	10/11/2004
PCT/GB2004/004279	An application claiming the benefit under 35 USC 119(e)	60/509,936	10/10/2003

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::** Powderject Vaccines, Inc.